

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 22, 2002 8:00 am
Secretary of State

09-22-2002 90067 022 ****55.00

DOCUMENT # M01000001492

1. Entity Name

E SUITES MANAGEMENT, LLC

Principal Place of Business

**601 CLEVELAND ST., SUITE 240
 CLEARWATER FL 33755**

Mailing Address

**601 CLEVELAND ST., SUITE 240
 CLEARWATER FL 33755**

2. Principal Place of Business

8 S. Fort Harrison

3. Mailing Address

8 S. Fort Harrison

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Clearwater FL

City & State

Clearwater FL

Zip

Country

33756-5105

Zip

Country

33756-5105

4. FEI Number **59-3704561**

Applied For

Not Applicable

5. Certificate of Status Desired **X**

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**ELLENBURG, GERALD D
 601 CLEVELAND ST., SUITE 240
 CLEARWATER FL 33755**

7. Name and Address of New Registered Agent

Name **Ellenburg, Gerald D**
 Street Address (P.O. Box Number is Not Acceptable)
8 S. Fort Harrison
 City **Clearwater** FL Zip Code **33756**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☒ Delete
 NAME **ELLENBURG, GERALD D**
 STREET ADDRESS **601 CLEVELAND ST., SUITE 240**
 CITY-ST-ZIP **CLEARWATER FL 33755**

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **Matrix Lodging LLC** ☒ Change ☐ Addition
 NAME **8 S. Fort Harrison**
 STREET ADDRESS **Clearwater, FL 33756-5105**
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **Gerald D Ellenburg, Chairman**
Managing Member

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

9-16-02 (727) 446-3000

Date

Daytime Phone #

CR2E083 (4/02)